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Tuesday, February 6, 2018

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Chair

Mrs. Karen Vecchio

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• (1540)

[English]

The Chair (Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC)): We're going to commence. I recognize that all parties are not represented here, but due to the fact that we have such limited time, I think we need to get right to work because we do have some committee business as well.

Today it's wonderful to have the Office of the Correctional Investigator of Canada here today, with Ivan Zinger and Marie-France Kingsley.

Thank you very much for joining us.

They're going to start by presenting a 10-minute deck to us. It will be a little over the time, but there's a lot of excellent information in it.

I am going to pass it over to you right now for the 10 minutes.

• (1540)

[English]

Dr. Ivan Zinger (Correctional Investigator of Canada, Office of the Correctional Investigator of Canada): Thank you, Madam Chair. It's a pleasure and real privilege to be here. I have to say this is the first time that my office has appeared before this committee, so we want to make sure that you have a comprehensive briefing of women in federal corrections.

We'll do it in two parts. We'll provide an overview and then dive into more specific issues that you are looking at, which is federally sentenced women of indigenous background.

I'm accompanied by Marie-France Kingsley.

[Translation]

Ms. Kingsley is the acting executive director of my office. She has a lot of experience with investigations, and she has been managing the portfolio regarding women and regarding mental health for years now.

[English]

I'm going to ask her to just give you a very brief overview of the role and mandate of my office, and then I will dive into more of the specifics.

Thank you.

• (1540)

[Translation]

Ms. Marie-France Kingsley (Acting Executive Director, Office of the Correctional Investigator of Canada): Thank you, Mr. Zinger.

You have before you the overview of the presentation, but I won't go through all of that. Instead, I will briefly present the office's mandate.

You have before you our mission statement. Essentially, our office acts as the ombudsman for federally sentenced offenders. We conduct investigations on individual and systemic concerns of offenders in Canada.

Here are some numbers for context. We have a budget of \$4.3 million, and we have 36 full-time employees. In the financial year that just ended, the staff members tasked with investigations spent 361 days visiting Canadian institutions.

We have handled almost 7,000 complaints from offenders, which represents slightly more than 2,000 interviews with either offenders or Correctional Service of Canada staff. We also studied the use of force. In fact, we reviewed 1,436 of those cases in the last financial year.

We have reviewed 119 deaths in custody and serious bodily injuries. We have received over 22,000 calls to our toll-free number, which represents slightly more than 1,600 runtime hours.

As you can see, we are very busy.

I'll now let Mr. Zinger continue.

• (1545)

[English]

Dr. Ivan Zinger: Let me provide you a brief overview. I'll go through the slides fairly quickly.

There are approximately 700 women incarcerated in federal corrections facilities and another 700 who are serving their remaining federal sentences in the community. That's a fifty-fifty split, which is better than male split of about sixty-forty. I will highlight, however, that with respect to indigenous women, the split is actually 60% incarcerated and 40% serving the remaining of their sentence in the community. The overrepresentation of indigenous women now reaches 38.7%.

The average cost of maintaining a woman incarcerated in Canada at the federal level is \$220,000, according to the Correctional Service of Canada, and about \$190,000 according to the Office of the Auditor General.

In terms of their profile, compared to men federally sentenced women are more likely to have a mental health diagnosis, to have drug-related offences, and to serve shorter sentences. They are also more likely to be supporting dependants on the outside. Actually, most women in federal custody are mothers of children under the age of 18.

In terms of their mental health profiles, 80% of incarcerated women meet the criteria for mental health disorders. These include the most prevalent ones: alcohol/substance abuse disorder, anxiety disorder, and anti-social personality disorder. A third have post-traumatic stress disorder, mood disorders, eating disorders, and psychotic disorders. I'll also mention that nearly half of them are on some sort of psychotropic medication. Finally, 18% have intellectual challenges.

With respect to reintegration challenges facing women, financial and housing challenges are the top two, followed by other issues such as having difficulty accessing a family physician, not having proper identification, or not having a history of employment.

I'll come back later to the financial and housing issue.

In terms of work, there are two types of work in Corrections. There is institutional work and prison industry work. In terms of institutional work, most of it is a menial type of job, the most common being cleaning. With respect to prison industry, most women who are engaged in prison industry are almost exclusively engaged in gender-stereotyped work such as textiles, laundry, and sewing.

We conducted a review of the secure units, the maximum security units for women. We interviewed two-thirds of those women, 41 out of 62 of them. Here are some of our findings.

The infrastructure is very stark, very restrictive, and inappropriate, in our view. The secure units are also used to manage a few women who have serious mental health issues, and that is quite disruptive for the other women. That breaks down in terms of there being many lockdowns and breaks in routines, and it's very difficult for those women to sometimes witness interventions with use of force. There is a lot of drama. These offenders are too often brought into segregation.

The impact of segregation is also something that we've identified. The great majority of the women incarcerated in secure units have experienced segregation. There's also a gender-based classification system, which requires that some inmates who are seen as higher risk are handcuffed and sometimes shackled to go off the unit, which creates all sorts of problems for those women.

Finally, there also is a lack of meaningful employment, which is more chronic and problematic in the secure unit as opposed to the rest of the institution.

● (1550)

We made many recommendations in our last annual report. One of them was to reduce the use of those secure units and to use them solely for women who would otherwise have been sent to administrative segregation. In that sense, we are looking at simply separating the women instead of isolating them. We think that those who are significantly mentally ill should be transferred to outside hospitals and that Correctional Service Canada should expand its MOUs with other outside resources. We identified that 12 beds would probably do it.

The service should also expand its structured living environments, which are more therapeutic environments, and cascade those women who are in secure units to those medium-security structured living environments. Also, things like trauma-informed approaches are lacking, and when you have at least a third of the women who have PTSD, I think it's pretty obvious.

Let me now talk to you specifically about indigenous women. Here's the breakdown across Canada. There are 265 women now representing 38.7%. I should also mention that among those 265 women, there are six Inuit women. That brings in some level of difficulty because there are small numbers in terms of providing them with programming and services that are tailored to their specific needs, which is legally required of the service.

In terms of the indigenous women in federal custody, I would say that every indicator is worse for them. Compared to non-indigenous women, they tend to be younger, more violent, and more gang affiliated. They also tend to have lower levels of education upon admission. In terms of their social history, half attended or had a family member attend a residential school. Nearly half were removed from their family home. Almost all indicated or reported past traumatic experiences and substance abuse. There were high rates of involvement in prostitution at an early age, and almost half indicated they had a history of injection drug use, compared to 24% for non-indigenous women.

In terms of correctional outcome, there is more self-injury, more segregation, more use of force, and more placement in maximum security for indigenous women. They are also typically assessed at a higher level of risk and are less frequently granted day parole or full parole. They are released later in their sentences, likely at statutory release, which is at two-thirds of their sentence.

Finally, in terms of the direction for reforms, we believe that Correctional Services Canada should rethink the way it does women corrections and go back to the blueprint that was developed when P4W, a prison for women in Kingston, was scheduled to be closed and when the five regional centres were opened. We have witnessed great erosion in that philosophy over the years.

We believe a deputy commissioner for indigenous people should be appointed. We have been advocating for this for a decade now. We believe there should be greater use of aboriginal-specific provisions in sections 81 and 84 of the act, which shift the accountability and responsibility to some aboriginal communities. I'm more than happy to talk to you about that.

There should be more culturally appropriate and trauma-informed models of care. We should also enhance the participation of elders in decision-making, review the classification scales—this has been validated by the Office of the Auditor General—and do more Gladue sentencing and vocational training.

Thank you.

• (1555)

The Chair: As you said, you have full and complete details, so thank you very much.

We will only have time for one round of questioning. We're going to start off with seven minutes to Marc Serré.

[Translation]

Mr. Marc Serré (Nickel Belt, Lib.): Thank you, Madam Chair.

Thank you for your presentation.

You have echoed what many other witnesses have told us throughout the study.

Does your role in the correctional system apply only to prisons or does it also extend to the circumstances of indigenous women before they are incarcerated?

Do you have specific recommendations for this issue?

Finally, do you have specific recommendations for indigenous women once they have rejoined their communities?

Dr. Ivan Zinger: My office's mandate is that of an ombudsman. It is purely related to correctional services. We investigate complaints lodged by federal inmates.

We handle complaints lodged by inmates during their incarceration, when they are released on parole, and up to the end of their sentences. Our mandate does not extend to issuing recommendations about what happened before their incarceration.

Mr. Marc Serré: Thank you.

Are the recommendations from your 2016-2017 annual report any different from those issued in the last 10 or 20 years? How have the recommendations of your office evolved?

Dr. Ivan Zinger: It's very true that the recommendations we made many years ago haven't been taken up by the Correctional Service of Canada, the CSC, or by the government.

In the annual report I delivered in the fall of 2017, we talked about the situation of women, which is a serious problem in maximum security institutions. This is very new. All of the other problems have been identified for years now, and the government hasn't been able to fix them for one reason or another.

When there is an over-representation of almost 39%, we can't simply continue doing the exact same things and hope to achieve different results.

Mr. Marc Serré: Thank you.

Can you give us more details on the recommendations on pages 14 and 20 of this report? You talked about factors related to the Gladue decision. We heard about women in a maximum-security facility. We have heard a lot on these issues, but do you have

recommendations that provide more details than those listed on pages 14 and 20?

Dr. Ivan Zinger: We need more leadership on this subject within CSC. For example, the deputy commissioner for women should have the direct authority to establish and manage a correctional system for women that is autonomous and separate from the existing system. We also need a deputy commissioner responsible for indigenous inmates to provide accountability. At the moment, all kinds of people are responsible for this group, but they do not have to show accountability.

Concerning the maximum security facilities that are filled with indigenous women, we need a completely different approach. We shouldn't be merging the correctional aspect with the mental health one as it is done right now. The approach should be much more therapeutic for those who need it.

Finally, in my opinion, section 81 of the Corrections and Conditional Release Act is the key to success on the correctional level, because it gives the minister the authority to sign agreements with aboriginal communities. The \$220,000 spent annually could be given to indigenous communities so that they can establish and manage healing lodges. These communities could use this money to help their members.

• (1600)

Mr. Marc Serré: Thank you very much for your recommendations. Perhaps, we should have seen your presentation first. Many witnesses have enriched our reflection, or have told us that something needs to be done.

I don't want to be partisan, but I would like to know this. In the last two years, has the government considered any of the recommendations you've made here? What do you think of some of the steps taken in the last two years? Obviously, there's a lot more work to be done and we really need to do more, but do you have additional recommendations?

Dr. Ivan Zinger: I think that there was a change of tone, and this alone improved certain aspects. Honestly, it was remarkable. I can send our data to the members of the Committee. During the entire time the previous government was in power, we noticed a rather considerable erosion of the 12 determinants of health in the correctional system. I'm referring to the number of grievances, cases of self-mutilation, use of force, assaults, and so on. All of this worsened over the decade when the previous government was in power.

But, in the last two years, we have seen improvements. It is stunning that there were no legislative changes or significant expenditures until now. We saw that the change of tone alone brought about a certain improvement. This gives me hope that, with legislative measures, resources and new leadership, the situation could get much better.

Mr. Marc Serré: We would indeed appreciate it if you were to send us your statistics. Thank you.

[English]

The Chair: Thank you very much.

We're going to now move to Stephanie Kusie, for seven minutes. I'm sticking right to the seven minutes, so I'm going to have to cut everybody off.

Mrs. Stephanie Kusie (Calgary Midnapore, CPC): Okay.

[*Translation*]

Thank you, Madam Chair.

Thank you, Mr. Zinger, for being with us today.

[*English*]

Are the complaints made by indigenous women in the correctional system different from the complaints by non-indigenous women? If so, how, and why?

Dr. Ivan Zinger: Let me make just a general comment.

In general, we receive fewer complaints from indigenous offenders than from non-indigenous offenders. Part of the reason might be cultural, but it may also be that there may be different informal avenues to address concerns. Indigenous people may talk to elders. We also have native liaison officers in the correctional system. They they may try to reach out, and that may account for the lower rate of complaints. Of course, we have specific complaints that are related to indigenous people, for example, access to food that is more relevant to indigenous culture. We do have issues around and religious or spiritual matters, for example, medicine bundles, and things like that.

Let me ask Marie-France Kingsley—

Mrs. Stephanie Kusie: Sure.

[*Translation*]

Would you like to add anything?

[*English*]

Ms. Marie-France Kingsley: I don't have much to add. There will be some differences, as Ivan mentioned, for indigenous women. For example, given that they're overrepresented in maximum security, you'll have more complaints related to conditions of confinement. Certainly, there's the issue of access to mental health services, because indigenous women are overrepresented in terms of the incidence of self-mutilation. Those are categories where we do see more.

• (1605)

Mrs. Stephanie Kusie: We have heard significant testimony against the unfortunate consequences of confinement. That was a major theme at our last meeting.

My second question is on how the complaints made by indigenous women are handled. Are they handled differently from complaints made by non-indigenous women? Is there a formal complaint process that is followed, or are there different processes for the complaints by indigenous women and those who are non-indigenous?

Dr. Ivan Zinger: Are you talking about complaints to our office or the internal grievance system of the Correctional Service of Canada?

Mrs. Stephanie Kusie: I would say both, perhaps, both operational and formal.

Dr. Ivan Zinger: With respect to...

Yes, go ahead.

Ms. Marie-France Kingsley: I'm more at ease responding on how our office responds to individual complaints. There is no difference in the process. In other words, a federal offender can contact our office through a variety of means. Most often it's by phone, via our toll-free line.

One thing that does come up, though, is that in women's institutions we assign only women investigators. All of our investigators are fully trained in terms of cultural sensitivity and how to handle concerns that are much more prevalent in women's institutions. But the process is basically the same: it's about listening to the complaint and then doing the appropriate follow-ups.

[*Translation*]

Mrs. Stephanie Kusie: Do the elders participate in the process

[*English*]

to sort of guide the process, or...?

Ms. Marie-France Kingsley: Depending on the nature of the complaint, of course, it could very well happen, and it does happen, that our senior investigators would involve and consult with the elder, or the aboriginal liaison officer, to find out exactly what happened or did not happen. Of course, we will speak fully to all of the relevant players and all of the facts will be examined with due process, and all of that—absolutely.

Mrs. Stephanie Kusie: So it is a difference—a positive difference, I would say.

Does the number of complaints made by indigenous women in the correctional system make up a proportionally larger percent compared with non-indigenous women? I'm quite shocked by the numbers I see. There are fewer than 600 indigenous women in the corrections system. I'm sorry I don't know the number of non-indigenous women in comparison.

Dr. Ivan Zinger: I'm sorry, could you repeat your question about the number.

Mrs. Stephanie Kusie: Are there a proportionately larger number of complaints by indigenous women in the correctional system than by non-indigenous women? Actually, I think you addressed that when you said there were fewer complaints.

Dr. Ivan Zinger: Yes, in general.

Mrs. Stephanie Kusie: Would you have any numbers for comparative purposes?

Dr. Ivan Zinger: We can probably see whether our system has that information.

Mrs. Stephanie Kusie: That would be helpful.

Dr. Ivan Zinger: We can send the information to the clerk.

[*Translation*]

Mrs. Stephanie Kusie: Thank you. This will be very useful to us.

[English]

The report recommended that the CSC issue a request for a proposal “to fund or expand community bed treatment capacity for up to 12 federally sentenced women, women who require mental health intervention, care and supervision”. What resources would be required to expand the bed treatment capacity?

Dr. Ivan Zinger: Part of the issue is that the secure units are again mixing women who are deemed to have some sort of behavioural issue with women who are often acutely mentally ill or are chronically self-harming or suicidal. They're cohabiting, and it's just not appropriate. We believe there's a lack of bed capacity for women who are acutely mentally ill, chronically self-harming, and suicidal. They would be better served by being housed in an external psychiatric facility. Therefore, we need additional bed capacity for these women. There's already a contract with Philippe-Pinel for 12 women. There's also some availability in Brockville, but this is clearly not sufficient.

• (1610)

The Chair: Thank you.

I'm now moving over to Sheila Malcolmson for seven minutes.

Ms. Sheila Malcolmson (Nanaimo—Ladysmith, NDP): Thank you, Chair.

In 2016 the United Nations Committee on the Elimination of Discrimination against Women recommended in its report on Canada that we abolish the practice of solitary confinement and “effectively limit the use of administrative or disciplinary segregation as a measure of last resort for as short a time as possible”, and avoid such measures for women with serious mental illness. Last year the Native Women's Association of Canada made a similar report highlighting, for indigenous women especially, how hard this was.

In your report last year—which is great, thanks to you and your whole team—you reported that indigenous women spent nearly nine days in segregation, while non-indigenous women spent an average of six days in solitary confinement. Since your 2016-17 report, has the practice been completely abolished?

Dr. Ivan Zinger: The answer is no. The Correctional Service of Canada has implemented a policy to prohibit the placement of any offender, man or woman, who is seriously mentally ill. Our view is that the practice continues to happen. We're also of the view that it shouldn't be a prohibition in policy, but in law.

I sincerely believe that in a women's facility, you could de facto abolish the practice altogether, if you used those secure units with the same sort of rigour in making it a last resort and using those secure units to separate, and not isolate, the few cases that you need to deal with for a short period of time. That's the view of our office. To do that, you need to take some of the women who are more sick, or who need a therapeutic response as opposed to a security response, and transfer them outside to psychiatric hospitals. Those who can be managed in a therapeutic environment should be cascaded down to the structured living environment, which is medium security. You would then just have a handful of women across Canada who would be separated and not isolated. De facto, you would be abolishing it.

Ms. Sheila Malcolmson: Thank you.

In the Pacific region that I represent, women in need of emergency health care are transferred to all-male regional psychiatric facilities managed in segregation-like conditions. In this regard, I thank you for the strength of your report. Your language was particularly passionate and condemning in this area.

Last week at committee, CSC said the practice has still not been prohibited, and they gave some reasons why not. I'm interested in your views. Why don't I read what they said?

Anne Kelly said:

Now, it's only in an emergency situation and it's only for short periods of time that we do this, and the reason we do is because at that point the woman is seen by a psychologist or a psychiatrist she knows well, has her case management team, has her parole officer. Probably her family is there, so to take the woman and actually transfer her to the RPC on the Prairies or to Pinel in Quebec is very disruptive.

Is that a rationale for CSC not taking your recommendation?

Dr. Ivan Zinger: The practice of taking a woman with acute mental illness and putting her into an all-male institution, completed isolated, all alone in a unit, is shameful and a violation of human rights. I think there is no room for this in Canada. It's exactly what we're saying: you can sign an MOU with a provincial mental health facility in the case of an emergency, and then make the arrangements to transfer the person into federal custody in a much more.... It even goes further. When they responded to my annual report, not only did they say this was going to continue, but also that they were going to expand it to four other regions. For me, it's absolutely mind-boggling. It's an affront to every international human rights obligation that Canada has upheld, to be quite candid with you.

• (1615)

Ms. Sheila Malcolmson: Thank you for being clear. I share your concern.

You've sent letters to CSC in the past regarding lack of implementation of your recommendations. Can you give this committee any advice on why those recommendations are remaining unaddressed or underaddressed and what recommendations we might make in that regard?

Dr. Ivan Zinger: I'm an ombudsman. We investigate. We do so impartially. We try to bring recommendations that are based, obviously, on human rights compliance, and compliance with the law and best practices in Canada and abroad. Sometimes legitimate operational issues make our recommendations difficult to implement. But for this committee looking at indigenous women, I think some of them are pretty obvious to me. Section 81 is one. The role of the deputy commissioner for women is another one. The need for a person who's accountable, not just responsible, for indigenous corrections, with the creation of a deputy commissioner for indigenous women, is another. I think there will be things in the coming years under new leadership, and hopefully with the input of this committee. Thank you.

The Chair: We're going to go to Pam for five minutes.

Ms. Pam Damoff (Oakville North—Burlington, Lib.): Thank you very much, Dr. Zinger and your staff and to your predecessor Howard Sapers for the tireless work you've done as an ombudsman for offenders in our corrections system. You really are tireless in your advocacy.

I have a number of questions and very limited time. I was shocked to see double-bunking at the Edmonton Institution for Women. I thought that Corrections had gotten rid of that and was quite surprised to see it was still taking place. Recognizing that there are space limitations, do you have a recommendation on the double-bunking of women in our corrections facilities?

Dr. Ivan Zinger: The double-bunking, again, is often just limited to the secure unit in the prairie region. That's probably where you saw it. Am I correct?

Ms. Pam Damoff: Yes.

Dr. Ivan Zinger: Yes, as I said, those secure units should be used very sporadically. In my view, single-bunking is the gold standard—one that is recognized by international human rights law—and double-bunking shouldn't happen.

We are in a situation now where there are more than 1,000 empty cells in Canada, but unfortunately, because of the composition of our prison population, we have...

Ms. Pam Damoff: They're not in the right places.

Dr. Ivan Zinger: In the Prairies there seems to be an issue.

Ms. Pam Damoff: I also heard that health and mental health services were not available 24-7. They were only available from 9 to 5, and then women had to be transported out.

Would you suggest our committee recommend that both health and mental health services be available 24-7 for the women who are in our institutions?

Dr. Ivan Zinger: Yes, this is a recommendation we've made for a long time. We believe that in medium-security and maximum-security institutions, or multi-level ones like a women's institution, nursing at least would be available 24-7. That is especially important given the profile of those offenders. The prevalence in terms of mental health and chronic diseases and all sorts of issues requires, in our view, that there be that kind of coverage.

Ms. Pam Damoff: I also heard a fair bit about accelerated parole and the fact that it was eliminated under the previous government for low-risk, non-violent offenders. I'm just wondering if you have views on the reimplementation of that to help reintegrate people when they're leaving.

• (1620)

Dr. Ivan Zinger: These are decisions for the government, whether they want to reintroduce or reform the parole system.

With respect to indigenous women, we have to look at a variety and a wide range of alternatives to incarceration. That includes the accessibility of conditional sentencing, which is basically serving sentences in the community, and certainly parole can play a very big role. Right now, indigenous women are being released way later than non-indigenous women, so there has to be some movement on that.

We have women who are primarily patients, not inmates, and they require a therapeutic environment, not a correctional environment.

Ms. Pam Damoff: I was really impressed with the healing lodges I saw, and the work that's being done. We have Buffalo Sage directors here for our second hour.

CSC recently expanded the number of beds at Buffalo Sage. Do you see a benefit in adding additional healing lodges for the offenders in the system now?

Dr. Ivan Zinger: Corrections deserves a real pat on the back on this one. It was greatly needed. I'm a big fan of Buffalo Sage, as well. I've actually had the privilege of attending a circle with these women, many of whom had been housed in secure units.

It's not ideal. They're still serving a sentence, and there are still conditions, but these are by far better corrections than what is being offered.

The Chair: Excellent.

I'm going to have to cut everybody off.

We're shortly going to be going in camera, so I'm going to remind all members that they may have one person with them, as well as one person from the party, and then we'll be going right into committee business.

We're going to suspend.

[Proceedings continue in camera]

• (1620)

_____ (Pause) _____

• (1640)

[Public proceedings resume]

The Chair: Okay, we're going to reconvene now.

As you see, we have lots of members also by video conference today. I would like to welcome the Native Counselling Services of Alberta. As individuals, we have the authors of *My Name is Shield Woman*, Ruth Scalp Lock and Jim Pritchard. Moreover, as individuals, we have Dr. Ruth Elwood Martin, and also Mo Korchinski, Elder Mary Fayant, Odessa Marchand, and Chas Coutlee.

If I've announced anyone incorrectly, please accept my apologies.

We're going to start with the Native Counselling Services of Alberta for seven minutes and stay tight to the time.

Native Counselling, you have seven minutes.

Ms. Claire Carefoot (Director, Corrections Program, Buffalo Sage Wellness House, Native Counselling Services of Alberta): My name is Claire Carefoot and I'm the director of Buffalo Sage Wellness House on Treaty No. 6 territory in Edmonton. I want to acknowledge that we're on the traditional unceded territories of the Algonquin nation.

I'm here representing Native Counselling Services of Alberta, one of Canada's longest-standing social justice indigenous organizations. Our CEO, Dr. Alan Benson, who has worked for NCSA, has been a champion of social justice for 40 years. I have been working in the criminal justice system for 29 years.

NCSA is a not-for-profit agency that was established in 1970 with the objective of providing court work assistance to indigenous people in conflict with the law. NCSA recognized that indigenous people in conflict with the law often feel alienated by legal and court procedures and that they need support in navigating the justice system. Since then, NCSA has evolved to deliver over 30 core programs and services in the area of restorative justice, corrections, and family services, as well as legal education, research, training, and film production.

Our mission is to promote the resilience of the indigenous individual and family through programs and services that are grounded in reclaiming our interconnectedness, reconciliation of relationships, and self-determination.

NCSA is a national and international leader in the provision of culturally-based correctional services for indigenous people. The information we offer to the Senate committee today draws upon our 48 years of experience in working with indigenous people and families in Alberta, a 30-year partnership with Correctional Services of Canada, as well as the wisdom we've gathered from supporting thousands of indigenous women in their reintegration journey, witnessing the difficulty of re-establishing themselves in the community in a healthy, respectful way.

Our approach to providing correctional services is informed by almost two decades of research regarding the effects of colonization on the indigenous individual, family, community and the Cree teachings of *wahkohtowin*, the doctrine of relationships taught to us by elders in our territory.

These research findings were used to create an evidence-based indigenous model of building resilience in 2009. The model has been expanded and deepened by an ongoing research, action-reflection process, by the board, management and field staff, which makes certain our programs and services address the issue of our clients' present and reflect a profound understanding of the healing process.

There are four critical beliefs or assumptions that guide our work. One, indigenous criminal behaviour is connected to historic trauma and being victimized as children. It is the legacy of colonial law and policies, such as the residential school system, that has been passed intergenerationally in indigenous families and communities.

Two, the four dimensions of historic trauma include isolation from healthy family and community support networks, colonized identity, hopelessness and powerlessness, and being disconnected from legal tradition. Therefore, addressing these issues should be the focus of healing interventions.

Third is the reconciliation of relationships damaged by colonization as a cornerstone of reintegration. It is critical that indigenous offenders be supported to reconcile relationships they have damaged through criminal and unhealthy behaviour.

Fourth is the recognition that healing is a self-directed journey. Indigenous offenders need to be responsible for their healing and reconciliation process and they require trauma-informed support for this.

● (1645)

NCSA has been a leader in program innovation of successful reintegration programs for indigenous offenders since 1995. We developed the first historic trauma-healing program for indigenous women offenders, the Spirit of a Warrior, to assist indigenous women who are caught in the cycle of violence to better understand their personal intergenerational cycle of historic trauma-informed behaviour, to build knowledge and skills that will reduce and eventually eliminate trauma-informed behaviour in program participants, and to facilitate the participants' connection and commitment to their lifelong healing journey.

The Warrior program is founded on the values of *wahkohtowin*—caring, sharing, kindness, respect, love, and self-determination—which are learned through sessions, ceremony, and ritual. The program is nationally and internationally recognized, and for over a decade CSC worked in partnership with NCSA to use these programs.

In 2010 NCSA opened the first section 81 facility for indigenous women. Currently the Buffalo Sage Wellness House is a 28-bed facility that houses both federally sentenced minimum-security inmates and conditionally released offenders on day parole, statutory release with residency, or full parole with residency. These are the strongest women I know. They have survived circumstances that I know I could not have survived.

Buffalo Sage Wellness House provides culturally-appropriate women-centred programs to assist residents on their healing journey and to support them to make good decisions, pursue education and employment, and reconnect with their children and families. The staff at Buffalo Sage provide a high quality of support and supervision to promote the safety of the women as they establish themselves in the community as well as the safety of the general public.

We do have some recommendations, which you had asked for.

First, indigenous women need more opportunities—

● (1650)

The Chair: I'm going to cut you off now. You had seven minutes, and I let that finish.

Sorry about that.

Ms. Claire Carefoot: Okay.

The Chair: We're now going to hear from Dr. Ruth Elwood Martin, who is appearing as an individual.

You have seven minutes.

Dr. Ruth Martin (Clinical Professor, School of Population and Public Health and Collaborating Centre for Prison Health and Education, University of British Columbia, As an Individual): Thank you for the opportunity to speak with your committee today.

I worked part-time as a prison physician for 16 years in federal and provincial corrections. I sent your committee a policy brief that has seven recommendations. These include recommendations about mother-child relationships and trauma and health. I invite your questions about the policy brief.

In 2005 we started a participatory health research project with incarcerated women. We wrote about this transformative research in the book *Arresting Hope*, which I encourage you to read. We sent a copy of it to the clerk of the committee. In that we describe participatory health research as a process of inviting the women who are incarcerated to be engaged in the research process.

This afternoon I invite you to listen to experts who are women with lived experience of incarceration. Your committee has heard from some great experts of organizations, but today you will hear stories that will generate for you some very real and concrete recommendations about how to improve indigenous women's experience within the federal justice and correctional system.

I invite Elder Mary Fayant, Holy Cow; Chas Coutlee; Odessa Marchand; and Mo Korchinski to speak with you today.

Ms. Mary Fayant (Elder, As an Individual): First off, I want to give thanks for the ancestor's territory we are on—the Coast Salish, Musqueam, and Squamish—for allowing us to speak in their territory and to the committee.

My name is Mary Fayant. I was born Saskatoon, Saskatchewan. My Indian name is [*Inaudible—Editor*]. I'm Métis-Cree from the Métis-Cree Nation. I've worked with the provincial and the federal women for the last 17 years. While I was inside, the one thing I observed—this is only my opinion—is that the women came in very bankrupt. They didn't know their language. They didn't know their culture. They didn't know their teaching. Many of them were missing their families, their children, and their loved ones. When the women were inside, the programs that they took and the education they got was very important.

They need the programs to help them get back and be grounded. They also need the education they can take so that when they get out in the community, they can continue their education and can get decent jobs.

I also witnessed, when I was inside both provincial and federal, our women having their children with them, which is very important. Not only does the mother become a mother to the child, but the whole inside, all the women, become a community. They mother the child also, and they're aunties to that child.

It is important to our women and our men that we partner with the communities, which we are doing at this time in our pre-pathways program. We bring in elders from the community who can help our brothers and sisters who are inside. It's a small thing for some people, but just to sit with an elder to talk with them, sing with them, drum with them, or hear their stories is very important to our women and men. We do circles, pipe ceremonies, and sweats. It's imperative that they have their ceremonies. They need to have their ceremonies to get grounded again—mentally, physically, spiritually, and emotionally. It's also imperative that they go and deal with their trauma. They have a lot of trauma in their lives, and they have to deal with the trauma first. You can quit drinking and doing drugs, but you have to stay quit. To stay quit, you need to heal inside. There's a lot more I'd like to say, but I'm going to pass it on to Chas so that I don't take up all the time.

Thank you for listening, all my relations.

●(1655)

Ms. Chas Coutlee (As an Individual): My name is Chas Coutlee. I have lived incarceration experience in the provincial system and then eventually in the federal system. I spent a total of four and a half years inside federal corrections. I'm now a third-year social work student. I also work as a child and youth care worker with indigenous youth, and I'm currently doing a practicum with indigenous mothers and children. My goal is to become a specialized and culturally appropriate trauma therapist.

When I was incarcerated for the last time, I had the opportunity to start to work on my trauma through ceremony and weekly visits with a psychologist. I intentionally set myself up to do this work, however big or uncomfortable the feelings were. I needed to know that I could live in a way where drugs were not an option to numb the pain.

Elder Holy Cow did circles with us every day at lunch. We set up a sweat lodge. We helped her to prepare food. She did pipe ceremonies with us, and she was always available. She believed in me, and I noticed that women who wanted to participate in ceremonies would refrain from drug consumption as a way to be respectful. This is the first time I recognized culture as a powerful and effective tool for recovery. The Pathways house in Fraser Valley Institution was influential in healing and in getting women to participate in group activities. There's a wait-list for this program, and I recommend that there are more of these Pathways units. There was inclusivity, community, respect, and support.

Elder Holy Cow helped me put a piece back into my healing that I didn't know I was missing. I carried shame for being an indigenous woman. Elder Holy Cow showed me positive role modelling, and this helped remove my shame. My last parole hearing was in a circle, and we held an eagle feather when we talked. I was included, able to share my truth about my hopes and dreams for my future moving forward. Because this last parole hearing was elder-assisted, it felt different than a non-indigenous parole hearing. Indigenous support is imperative for indigenous healing.

In provincial corrections, I took an indigenous women's studies course run by NVIT. I was excited to be a part of this, as it was a gentle reminder that I wanted to get back on track with my education. When I was leaving Fraser Valley Institution for a survivors of trauma and abuse program, Elder Holy Cow told me that she believed in me, and she was an honourable and truthful woman. She told me that my spirit is strong, and I believed her. She always reminded us women that "just because this is where you're at right now...this is not your final destination." I wanted more than anything to be a good mom and a good role model for my daughter, and today I am. I choose to live my life today with one foot in ceremony and one foot in education. Indigenous culture saves lives, and education produces access or choices to live well and as productive members of society.

My recommendation for federally incarcerated women are higher education, that Pathways units be expanded to serve more women, and also trauma-informed care to help correctional staff understand and work with women who are seeking to overcome their trauma.

Thank you.

The Chair: Right now we still have two people who would like to deliver their testimony. I recognize our time is very limited here, but we do have some extra time. Are we willing to take time away from questioning so that we can hear their...

Okay, please continue.

Ms. Odessa Marchand (As an Individual): Hi, my name is Odessa Marchand. I am a status aboriginal person from Vernon, B.C. I've been in and out of jail since I was 12 years old. The last sentence I got was 10 years. I did seven years and I'm now on parole. I was granted day parole under section 84 for aboriginal people.

I didn't grow up with my culture and when I went into federal prison, I found my culture. I also did aboriginal programming and mainstream programming. An elder was available to do smudges in the aboriginal program, but otherwise the programs were the same.

I didn't grow up with my culture. I learned everything inside. I wanted more teachings about my culture. Otherwise, I found the programs very repetitive and not interesting. If the programs were to happen at the end of your sentence, I think there would be a lot more good for the people when they get out.

I got my Dogwood Diploma inside. I also did the DBT, dialectical behaviour therapy program. It helped me more than any other program. It taught me how to recognize my feelings, and it breaks them down so that they are easier to understand. It prepared me for real-life situations, and it gave me skills, feelings, and understanding. It was a voluntary program, but they should make DBT mandatory for everybody.

I recommend that there be more support in the community for aboriginal people who are on parole. When I had my parole hearing, there were a lot of aboriginal people there to support me. I went to a non-aboriginal halfway house, and there was very little support for me and my culture. In the halfway house, when I wanted help from the aboriginal liaison, I couldn't get hold of him.

Inside federal corrections, there is an aboriginal elder always available to us. Now that I was in the community, I felt dropped. I

didn't know where to go for help. I went to sweats voluntarily, on my own. It made me feel like a failure because I was asking for help and did not get it. I recommend that aboriginal elders meet regularly with indigenous people at halfway houses, with set meeting times.

Thank you.

● (1700)

The Chair: Mo, we have about two minutes.

Ms. Mo Korchinski (Program Coordinator, Unlocking the Gates Peer Health Mentor Program, Collaborating Centre for Prison Health and Education, University of British Columbia, As an Individual): Perfect.

My name is Mo Korchinski. I live in Maple Ridge, B.C. I'm a non-aboriginal woman, but I follow aboriginal teachings through my elder, Holy Cow. I spent a total of seven years in and out of the B.C. provincial prison, with long sentences where I had the opportunity to watch women coming and going. I've been out for 11 and a half years, and I'm coordinator of unlocking the gates peer health mentoring program, which receives funding through the B.C. First Nations Health Authority.

Most women inside prison are not bad people. They're broken, they're wounded, and they need healing. It goes back to generations of abuse, passed from one generation to another. Somewhere along the line we have to break this cycle.

I had never found a sense of belonging or community until I went inside the prison. It's sad that women like me feel that they don't belong in the outside community. Most helpful for me, while I was inside, was to be able to get in touch with that inner child who was broken, and to know that I can now protect that inner child. I had to let go of a lot of the hurt and abuse that I had experienced. This healing started for me inside prison, through my aboriginal teachings.

I'm very blessed that when I was released, I was able to find a research assistant job working with women being released from prison. In our research, women were saying that they needed somebody to walk beside them as soon as they were released. Women tell us that they lose everything when they go to prison, and they are released with nothing except for their belongings in a clear plastic bag.

We started a health peer mentor program five years ago where we mentor women for the first 72 hours upon their release. The impact of this program on women leaving prison is a feeling of being safe and supported on the day of their release. Approximately 65% of the peer health mentoring program participants are indigenous. Being able to connect women with a peer health mentors who have prison experience themselves gives women hope that they too can beat the cycle of incarceration and addiction.

Women are desperate and vulnerable when they are released from prison. This is a high-risk time for women to go back to using street drugs or buying street pills, with a good chance that these pills will be fentanyl. The fentanyl crisis has caused increased fear among incarcerated women preparing for release. The number of people overdosing is frightening for all addicts, but even more so for incarcerated women being released and having nowhere to go.

Women inside prison reach out to our program because they want to change their lives. Women don't want to come out from prison, use substances, and live on the streets. Why are so many women coming out of prison today and overdosing and dying? Why aren't correctional facilities giving more trauma counselling inside so that women are healthy when they come out? If you really want to understand the women inside prison and what works for them, please read *Arresting Hope: Women Taking Action in Prison Health Inside Out*, because we wrote it from inside the prison.

Thank you.

The Chair: Thank you so much for your testimony today. We're finally going to move on to Ruth ScalpLock and Jim Pritchard, co-authors of *My Name is Shield Women*.

Mrs. Ruth ScalpLock (As an Individual): Good afternoon. I'm very honoured to appear here today. I would like to say there's a strong need for spiritual support. Women who end up in prison are often spiritually broken, the results of generations of intergenerational trauma from residential schools. Seven generations are impacted by residential schools.

Number two, we need treatment programs and plans. We need to have elders in these programs in the prison system. We have to find a way to find their spirit. It's so important to get reconnected to the use of culture and tradition, especially our ways. The use of the medicine wheel approach is spiritual, it's so important to build that foundation, mentally, emotionally, and physically.

Number three, there's a high rate of incarceration of indigenous women. They lose connection their with their roots, their family, community, and they're forgotten by our own people. The families don't have resources to travel back and forth to these prisons, to obtain all the necessary security clearance they are required to have. We face so many barriers.

Number four, there are problems with institutionalization. First, they lose all life skills to do with living and functioning in community, so taking care of themselves is so important. They need community-based prevention programs, healing circles, and women's shelters. Second, they need post-discharge services and supports in the community, both on the reserve and in the city.

Number five, all of the addiction and mental health services in prison, in the community, prevention and discharge should be

culturally based, according to our spirituality, including the use of elders, especially our indigenous languages and counsellors. I just wanted to let the committee know that I wrote a book. It was published two years ago, and the name of the book is *My Name is Shield Woman*. I'm a survivor of residential school. I'm the founder of the Awo Taan shelter in Calgary. It's on Macleod Trail. It will be 25 years in operation March 10th. We opened the shelter in 1993. I really felt my contribution, being a survivor and all the abuse I experienced, that I had an obligation to our women and our children. This book was meant to educate survivors, to look at what happened to us, the pain that we experienced, and to do something about it. It was also meant to educate society about what a survivor experienced at residential school.

Jim Pritchard is my co-author and that's how come I asked him to be with me today: to support me. I've been doing this kind of work and I've been sober now for just about 44 years, and I put all my life into helping our people heal.

● (1705)

I'm still doing this kind of work. I'm going to do it because it's a strong commitment that came from here—from my heart—when I sobered up.

As an elder today, I facilitate groups to help my people back home. I'm from the Siksika Nation. I know that my work is endless, and with the help of my Great Spirit who is with me today to guide me, I feel that it's his will for me to continue this kind of work.

Thank you.

● (1710)

The Chair: Thank you very much. That's been excellent testimony.

We only have time for seven minutes from each group. If you want to share your time, that would probably be best.

We're going to start with seven minutes for Bernadette Jordan.

Mrs. Bernadette Jordan (South Shore—St. Margarets, Lib.): Thank you, Chair.

Thanks so much to all of you for your testimony. It's always enlightening when we hear from people who have actually been part of the system and have come out and triumphed. Thank you for that.

Ms. Carefoot, I'm going to go to you first. You had some recommendations and you didn't get a chance to read them. Would you be willing to submit those to the clerk so that we have them on the record, please?

Ms. Claire Carefoot: Yes.

Mrs. Bernadette Jordan: Thank you.

I'm also going to start with you in regard to questions about Buffalo Sage and a couple of the others. Some of the things we've heard are about indigenous women having to give up their children when they're incarcerated, the children going in foster care, and the cycle starting all over again. Does Buffalo Sage have a program to allow children with parents?

Ms. Claire Carefoot: Yes. We have a mother-child program. We have several little ones there at once. It makes it a home for everybody. It also gives a clear message to everyone that there cannot be any drugs or alcohol at Buffalo Sage or we will lose the children. They're all mums, even if their kids have been taken away from them. They are all mums, so they understand that, and it's really interesting to watch them all look after the children and grow with the children.

We can't take children over school age, because we worry about moving them around after the woman gets out on day parole or goes further, because then the kids would have to change schools and it would be really disruptive, but we do keep them up until school age.

Mrs. Bernadette Jordan: What happens after that?

Ms. Claire Carefoot: Well, we've had a few that we've kept a little longer until their mums went a bit further. We do bend our own rules to help the women. That's what our policy is.

Mrs. Bernadette Jordan: Thank you.

Do you find that when the children are present there is a correlation between how well the women do when released? Is there any kind of...? What I'm trying say is that we want to recommend that the children stay with their parents, so—

Ms. Claire Carefoot: Absolutely. It makes the whole house settled. Everybody takes care of those children. It's really quite amazing to watch. We have had times when there haven't been any children there, so when the little kids come back in and somebody brings their child now... I think we have three. A woman has two of them there. We've allowed her to keep two of them there. They're just so special. They bring a lot....

Mrs. Bernadette Jordan: Thank you.

I'm going to go to you, Chas. Thank you so much for your testimony, and congratulations on how well you're doing.

You mentioned that you have a daughter.

Ms. Chas Coutlee: Yes.

Mrs. Bernadette Jordan: Was she with you during incarceration?

Ms. Chas Coutlee: No, she's too old. My daughter is 22.

Mrs. Bernadette Jordan: She's older.

Ms. Chas Coutlee: She lives at home with me, but she was too old to be with me while I was serving my sentence.

Mrs. Bernadette Jordan: Thank you.

I'll pass this over to you, Emmanuella. Go ahead.

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Actually, I have more of a comment. I wanted to say that I think that much of the solution, based on what we've been hearing, is community building and having elders and people from within the

community help a lot. Obviously the government needs to have more initiatives in that regard in order to solve problems before they begin, because it all stems from being taken away as a child and from their facing a lot of issues as children.

I just want to say to keep doing what you guys are doing. You guys are the strongest tools in your community. I hope you can encourage and empower more women to continue this movement to help your community thrive even more.

Mrs. Bernadette Jordan: There are three minutes left.

Go ahead, Pam.

Ms. Pam Damoff: Thanks to all of you for being there, and thanks to my colleagues for sharing their time with me.

Claire, first I want to put on the record what a tremendous facility you run at Buffalo Sage, and what an incredible difference you are making in the lives of those women. I was really blessed to take part in a circle with Elder Vicky.

One of programs that one of the women talked about—I couldn't remember the name of it the other day—was the spirit of a warrior program. I understand it's not available in other CSC healing lodges. Could you tell us a little about it because I don't have much time? Also do you think it would be beneficial to provide it throughout Correctional Services?

• (1715)

Ms. Claire Carefoot: I think it would and it used to be and for some reason they cut it and brought in another program, and I'm not sure what the name of that program is. We provide that program. It gets into, how do I say, the guts of the pain, the colonialism, the trauma that these women have suffered, the generational trauma. This program goes to the heart of that. It really brings out the pain in these women. They talk about it. They get it out. It's a remarkable program. You wouldn't believe how these women come out of it. It's a long and very in-depth program.

The elders take them into it, and it's with culture and spiritualism throughout the whole 10 to 12 weeks. It's a long time, but it's a remarkable program.

Ms. Pam Damoff: How much time do I have? I've got one minute.

One of the women I met at the Edmonton Institution for Women had been at Buffalo Sage. When she was out on release, she had a relapse with either drinking or drugs. I don't know which. Because of that, she was sent back to the institution. Do you think there should be some kind of medium measure there? If you mess up, and she fully admitted that she did, that means you're out. She loved Buffalo Sage, and now you've got a waiting list to get in. Do you think there should be some intermediate step between that?

Ms. Claire Carefoot: We don't just send women back. Believe me, we work with them.

We got a woman the other day who was drinking, but it depends on what they do when they're drinking or using drugs. We've got children there, so we have to protect those children, and we have to protect the community. If a woman is going to get drunk and is historically violent, she may have to go back there. We don't ever close the door on them. I will go back to visit them.

The Chair: Claire, I keep feeling as if I'm cutting you off today. I apologize.

Ms. Claire Carefoot: It's okay.

The Chair: We're now going to move over to Stephanie Kusie for seven minutes.

Mrs. Stephanie Kusie: Thank you very much, Madam Chair.

I want to thank each one of you for being here today and sharing your testimony with us. It's incredibly powerful.

Ruth ScalpLock, once communities experience trauma such as residential schools, what can be done, what types of programs and measures can be taken to prevent indigenous women from being criminalized? This is a deep question, a cultural question perhaps.

Mrs. Ruth ScalpLock: For me, the way I look at it, I did talk about using the medicine wheel approach. If you're going to use this medicine wheel, it has to be a long process, because it all takes time to help an individual to find the Spirit. These programs shouldn't be just Band-Aid solutions. I have run into these kinds of programs over the years. They don't work.

We need something that's going to be long term. Maybe have a facility, a lodge, or a place in the community, a safe place for these women, and not just for the women, but for their children. It's so important. It has to be long term.

Have our elders be a part of the program. When you hire people, these individuals have to be healthy. You have to walk with these individuals. It takes a long time for these people to have trust in you, and you have to be sober, you have to be healthy, and as a person working in this field, I know that you have to have self-care, and you have to look after yourself.

I sure would like to see something in southern Alberta or even in Calgary. Like, I'm the founder of this women's shelter, Awo Taan. It's a shelter for women who flee family and domestic violence, but we need something that's going to really help them, especially to get reconnected. It's so important.

In my culture having a name, a Blackfoot name, is important. My Blackfoot name is more important than my English name. That's why, when I got that name, when we opened the shelter, that's why it's working today, because that spiritual foundation was given to me by my grandma. Whatever we do, I always say that, in native programs, you have to have that strong traditional foundation. Having the elders involved is how I look at something that's going to really help women who go to prison. There is nothing out here where they can go when they come home from jail, because I do feel for them.

I was in jail, too, a long time ago, and I know how it feels. You're so lost. You have good intentions in there, but when you come out, you come out like me, being an alcoholic. I had all these good intentions, but what did I do when I came out? I went back to the

street and got drunk. There has to be something in place that's solid to help them.

Thank you.

• (1720)

Mrs. Stephanie Kusie: Thank you, Ruth.

It sounds, from what you're saying, that it's from both a personal perspective as well as a community perspective. I'm not certain how you—for lack of a better word—institutionalize that within a government program, but I certainly understand the spirit of what you're saying, that you have to transcend it and transmute it. As you said, or someone indicated, I have heard that before regarding the seven generations.

You're generation one, or maybe generation two, at most, so it's a long way to go.

When an indigenous woman commits a crime, what is the greatest adversity she faces going forward: access to adequate representation, access to healing lodges, or reintegration into the indigenous culture? Some of you mentioned previously that it's hard to be a part of the external culture outside of that.

Ruth ScalpLock, what would you say that would be? What is the greatest adversity going forward?

The Chair: You have one minute to answer.

Mrs. Ruth ScalpLock: In a lot of cases, people in our community tend to label these women who go to prison. We need to support them. We really have to look at where they're coming from. With me, in my community, I know these young women who go to jail. I know their family background, and, number one, I believe in people. In my culture there's no such thing as...what's that favourite word for that? Anyway, I walk with these people. When they come to me, I always tell them, "You have so much potential. You can do it." I also try to help them to communicate. Instead of lashing out in anger and with violence, I help these women to identify and express their feelings. Once they have trusted me, I go all the way to help them. I believe in them. I've been there. I look at my own personal experience.

• (1725)

The Chair: Thank you very much, Ruth.

We're going to move to our final seven minutes and Sheila Malcolmson.

Ms. Sheila Malcolmson: Thank you, Chair.

Thank you to all of the witnesses. We're going to use a lot of your work in our final report. We could have talked with you for hours.

I want to ask just only one question, with thanks to Ruth Elwood Martin for assembling your amazing panel. It's so smart and it's really good to hear.

I'd just like to turn my seven minutes over to the three women who have been on the inside.

Mo, Odessa, and Chas, is there anything that would make your heart sing if you saw it in our final report, something that would let you know that we had either removed some barriers or else put some more supports in place? By this I mean things that if they'd been there when you were younger, you might have avoided prison in the first place. What's missing to keep indigenous women out of jail in the first place? It might be legal aid. It might be better, more sympathetic, police. It might be no child apprehensions, no more kids in care.

The floor is yours. Tell us. Give us your best advice.

Ms. Chas Coutlee: I think maybe something along the lines of restorative justice if a woman is getting in trouble with the criminal justice system, and perhaps some supports put in place, as opposed to them just going directly to prison, with their child apprehended. A lot of these women get stuck in a cycle of addiction. They don't have their child. That's painful. They're going to go and do more drugs when they get out because they don't have their child. They have all these hoops to jump through. We need supports in place to help them with what it is—some collective restorative justice is the best way I can explain it.

Ms. Odessa Marchand: Just to carry on with that, a lot of aboriginal women when they lose their child or they go into jail, they don't know their culture. If they have that while they go in there, they can start learning how to deal with why they're hurting. Like Ruth said, there are seven generations. I could be the fifth generation and I don't know that because I don't know what's hurting me inside. I think a lot of it has to do with learning about our culture and where we come from and how we can present that for our own well-being. Before when I was inside—and I'm still on parole today, and don't get much help.... If I reach out to Elder "Holy Cow", then that's on my own. But I don't have anybody coming to say, "Odessa, how's it going? Do you want to do this? Do you want to do that?" I think when women get out of jail they should have that support there for being aboriginal.

Ms. Mo Korchinski: I never even knew there was an option. We're housing women in record numbers. Why are women in prison the fastest growing population? There was never an option for me to go to treatment or to get help. Instead, it was, "You're going to jail". For women coming out, there's no place them to go. Even if they wanted to change, there's nowhere for them to go. There's no detox. There's no treatment. We need more support for healing, rather than just being incarcerated at the price we're charging. Like I said in my statement, fentanyl right now is an epidemic. Let's take some of that money and build some healing lodges and let's start healing some people. Thanks.

Ms. Sheila Malcolmson: We heard some witnesses earlier say that at the time the rules were changed and judges were no longer given discretion, they could no longer say, "If you do treatment, you can avoid jail", or "You can serve your time on weekends, so you don't get separated from your kids". We heard that was a big disruption.

Did any of you find yourself in jail because of that? Maybe the judge was sympathetic, but they just didn't have any leeway. Or did you hear stories about that from other women incarcerated with you?

Ms. Odessa Marchand: When I started my journey for my sentencing, I was on the Gladue report. I didn't really know anything about that. When I was in a facility, the elder at the time really didn't explain to me what a Gladue report was, and then later I found out what a Gladue actually is, that it's supposed to help me get time off my sentencing, but my Gladue report was.... There was supposed to be an aboriginal taking my Gladue report and there wasn't, and I feel it didn't help me one bit because my Gladue report wasn't what I said. There were mixed words in it.

I think that with Gladue reports, maybe people should take more time and look at them more seriously than they do. At the end of my sentence, I did a section 84 for aboriginal people, so people in my community are supposed to support me. Like I said in my statement, I've been three years out and I've never really seen anybody or what the section 84 had to offer me.

I just feel that for other people, if they get section 84, is that how it's going to look for them too? I wouldn't want another woman to go through what I went through, feeling like a failure and getting dropped. Where do I go for those? If I don't have an elder coming to see me weekly, or an aboriginal liaison at that point in time, I feel that when I'm asking for help, it's not getting to me.

It's hard for a person like me to even ask for help in the first place.

• (1730)

Ms. Sheila Malcolmson: Did any of you have advocates who were trying to help you argue for a shorter sentence or better conditions? Did you have that kind of legal aid or help on the outside?

Ms. Chas Coutlee: No.

Ms. Odessa Marchand: No.

Ms. Sheila Malcolmson: I'm really grateful to all the voices we've heard on the panel and to the elders especially, who are in support, and then the younger ones, who are giving us the real deal.

Thank you. We're going to use your words.

The Chair: Thank you very much. I do get the final word on this. Usually, I try to stay quiet, but today's panels have been absolutely exceptional and I'd really like to thank all of the women here today who have given us excellent insight.

Specifically, thank you very much to Mo, Elder Mary, Odessa, and Chas, for sharing your stories with us and everything you do. Those really do move you.

And, Ruth ScalpLock, thank you. Thanks for all of your kind words. I love your smile.

Today has been fantastic. Claire, thank you very much and I hope we could have panels like this every single day. We could carry on for hours.

Thank you very much, once again.

We're adjourned.

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